



PTO/SB/21 (modified)
Approved for use through xx/xx/xx, OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

GA 2762
2161
+
#6

0001/Rev. 10/99 TRANSMITTAL FORM (to be used for all correspondence during pendency of filed application)	U.S. Department of Commerce Patent and Trademark Office	Application Number	09/596,921
		Filing Date	June 19, 2000
		First Named Inventor	Tom Van Horn et al.
		Group Art Unit Number	2768
		Examiner Name	Unassigned
Total Number of Pages in This Submission		Attorney Docket Number	22930-06087

RECEIVED

JAN 10 2002

Technology Center 2100

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement & PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/> _____
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> _____
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/> _____
<input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/> _____
<input type="checkbox"/> Status Request	<input type="checkbox"/> _____
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> _____

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Thomas L. Ewing, Reg. No. 34,328	Dated:	December/4, 2001

CERTIFICATE OF MAILING			
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.			
Signature:			
Typed or Printed Name:	Thomas L. Ewing	Dated:	December/4, 2001
Express Mail Mailing Number (optional):			